COMBINED DECLAR. (Includes Reference to PCT Int			APPLICATION AND I	POWER OF ATTO	RNEY		ATTORNEY'S DOCKET NUMBER PU3851US2
As belo	ow named in	nventor. I here	by declare that:				
My residence, po	ost office ac	ddress and citiz	zenship are as stated belo	ow next to my name.			
			eventor (if only one name of matter which is claim				
	SUPERI	FICIAL ZONE	PROTEIN-BINDING N	MOLECULES AND	USES THER	EOF	
the specification	of which (check only one	e item below):				
[]is attached h	ereto.						
[x]was filed as on (if applicable		ntes application	Serial No. <u>09/780,718</u> 6	on <u>Feb. 9, 2001</u> and	was amended		
[] was filed as	PCT interna	ational applicat	ion Number	on			
and was an	nended und	er PCT Article	19 on	(if applic	able).		
I hereby state th	at I have re	viewed and un	derstand the contents of y referred to above.		specification,	, includi	ng the claims,
•		•		o natantahilitu oo da	finad in Title	27 Cod	a of Endorel
Regulations, §1	.56 and all	information wl	ation which is material t hich became available be tinuation-in-part applica	etween the filing of t			
I hereby claim fo	oreign prio	rity benefits un	der Title 35, United Stat	tes Code, 8119 (a)-(d	l) or 8365(b) (of any fo	oreign
applications(s) f	or patent or	r inventor's cert	tificate or 365(a) of any	PCT international ap	plication(s) d	esignati	ng at least one
			nerica listed below and l				
on which priorit			international application	n(s) naving a filing o	iate before tha	it of the	application(s)
							·
PRIOR FOREIGN/PCT	T APPLICA						
COUNTRY (if PCT indicate PC	T)	APPLICA	TION NUMBER	APPLICAT	ION DATEe		PRIORITY CLAIMED
1. GB	1)	00	003092.4	02/10	0/2000		x
2.							
3.							
I hereby claim the benefi		e 35, United St		•	isional applic	ation(s)	listed below:
Applicat	tion No.			(MM/DD/YYYY)		-	
1. 60/181377				2/09/2000			
2. 60/201,989 3.			0:	5/03/2000			
I hereby claim the benefit unde	r Title 35. Un	ited States Code, 8	120 of any United States app	lication(s) or §365(c) of a	nv PCT internati	onal appli	ication(s) designating
the United States of America th	nat is/are listed	below and, insofa	ar as the subject matter of each	h of the claims of this app	lication is not di	sclosed in	that/those prior
application(s) in the manner prin Title 37, Code of Federal Re	ovided by the gulations, §1.	first paragraph of 56 which became	Title 35, United States Code, available between the filing d	§112, I acknowledge the ate of the prior applicatio	duty to disclose a	material in anal or PC	nformation as defined Tinternational filing
date of this application:	, <u>3</u>			and or and prior approach			
<u> </u>	··						
PRIOR U.S. APPLICATION							
U.S. APPLICATION N	UNIBER		U.S. FILING DATE	PATENTED	PENDING		ABANDONED
		DESIGNATIN	IG THE U.S.				
PCT APPLICATION NO.	PCT FI	LING DATE	U.S.FILING NUMBERS				
			ASSIGNED (if any)				

COME	BINED DECLAR	ATION FOR PATENT APPLIC	ATION AND POWER OF ATTO	ORNEY ATTORNEYS DOCKET No.
		International Applications)		PU3851US2
DOI!!	OF ATTORNEY			
POWER	R OF ATTURNEY: A	As a named inventor, I hereby appoint the find a connected therewith. (List name and regions.)	ollowing attorney(s) and/or agent(s) to pro-	secute this application and transact all business in
	vid J. Levy		nes P. Riek Reg. No. 39,009	John L. Lemanowicz Reg. No. 37,380
	arles E. Dadswell		ginia C. Bennett Reg. No. 37,092	Bonnie Deppenbrock Reg. No. 28,209
	ren L. Prus		nk P.Grassler Reg. No. 31,164	Elizabeth Selby Reg. No. 38,298
	bert H. Brink		ristopher P. Rogers Reg. No. 36,344	Lorie Ann Morgan Reg. No. 38,181
		Five Moore Drive, PO Box 13398, Research	ch Triangle Park, NC 27709	
	lliam H. Needle		mner C. Rosenberg Reg. No. 28,753	Corin, Shari J. Reg. No. 46,243
	vid G. Perryman	•	itchell A. Katz Reg. No. 33,919	Gregory J. Kirsch Reg. No. 35,572
	vendolyn D. Spratt		ngendra Setty Reg. No. 38,300 Han G. Altera Reg. No. 40,274	D. Andrew Floam Reg. No. 34,597 Mary L. Miller Reg. No. 39,303
	lliam R. Johnson arles H. Fails	,	llan G. Altera Reg. No. 40,274 wrence D. Maxwell Reg. No. 35,276	Kean DeCarlo Reg. No. 39,303
•	Vonda R. DeWitt		esley B. Derrick Reg. No. 46,659	Jacqueline M. Hutter Reg. No. 44,792
	ri L. Kerber		na McKeon Reg. No. 43,791	Mark A. Murphy Reg. No.42,915
	ette M. Fernandez		awrence A. Villanueva Reg. No. 43,968	Patricial L. Ades Reg. No. 44,496
Tin	igkang Xia	Reg. No. 45,242 J	ennifer P. Wright Reg. No. 45,242	-
Each of l	Needle & Rosenberg, I	P.C., 127 Peachtree Street, N.E., Atlanta, G	GA 30303	
		414414 1104 1104		
Send C	orrespondence to:			Direct Telephone Calls to:
				Tina McKeon
		23859		PHONE NO.:
		PATENT TRADEMARK OFFICE		404-688-0770
	I hereby declare		my own knowledge are true and th	nat all statements made on information
			these statements were made with the	
			fine or imprisonment, or both, und	
		ode, and that such willful false stat	ements may jeopardize the validity	of the application or any patent issuing
	thereon.			
	FULL NAME	FAMILY NAME HUTCHINS	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	CITY	Jeff STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
0	RESIDENCE & CITIZENSHIP	Chapel Hill	NC	US
U	POST OFFICE	POST OFFICE ADDRESS	СПУ	STATE & ZIP CODE/COUNTRY
1	ADDRESS	3109 Colony Wood Drive	Chapel Hill	NC 27514 US
201	SIGNATURE		<u> </u>	DATE: / /
201	SIGNATURE	Aff? Thetelmini		DATE: 2/21/2001
		FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
_	FULL NAME	KUETTNER	Klaus	E.
2	OF INVENTOR RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
0	CITIZENSHIP	Chicago	IL	US
v	POST OFFICE	POST OFFICE ADDRESS	СПУ	STATE & ZIP CODE/COUNTRY
2	ADDRESS	c/o Rush Presbyterian St. Luke's	Chicago	IL 60612 US
_		Medical Center, 1753 West Congress		-
		Parkway		
202	SIGNATURE	•		DATE:
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	LINDLEY	Kathryn	Mason
	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
0	CITIZENSHIP	Chapel Hill POST OFFICE ADDRESS	NC CITY	US STATE & ZIP CODE/COUNTRY
,	POST OFFICE ADDRESS	c/o Glaxo Wellcome Inc., Five Moore	Research Triangle Park	NC 27709 US
3	ADDRESS	Drive, PO Box 13398	Research Triangle Laik	116 27707 65
203	SIGNATURE			DATE:
203	SIGNATIONS			DATE.
2	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
-	OF INVENTOR	SCHMID	Thomas	M.
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
-	CITIZENSHIP	Downers Grove	IL	US
4	POST OFFICE	POST OFFICE ADDRESSC/o Rush	CITY	STATE & ZIP CODE/COUNTRY
-	ADDRESS	Presbyterian St. Lukes Medical	Chicago	IL 60612 US
		Center, 1753 West Congress Parkway		
	CI CILL MILITAR			

DATE:

204

SIGNATURE

COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY

(Includes Reference to PCT International Applications)

ATTORNEY'S DOCKET No.
PU3851US2

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. (List name and registration number)

ale I atent and Trademark Or	nec connected arelevitar. (D	ist mane and registration manifest,			
David J. Levy	Reg. No. 27,655	James P. Riek	Reg. No. 39,009	John L. Lemanowicz	Reg. No. 37,380
Charles E. Dadswell	Reg. No. 35,851	Virginia C. Bennett	Reg. No. 37,092	Bonnie Deppenbrock	Reg. No. 28,209
Karen L. Prus	Reg. No. 39,337	Frank P.Grassler	Reg. No. 31,164	Elizabeth Selby	Reg. No. 38,298
Robert H. Brink	Reg. No. 36,094	Christopher P. Rogers	Reg. No. 36,344	Lorie Ann Morgan	Reg. No. 38,181
Each of Glaxo Wellcome Inc	., Five Moore Drive, PO Box	13398, Research Triangle Park, NC	27709		
William H. Needle	Reg. No. 26,209	Sumner C. Rosenberg	Reg. No. 28,753	Corin, Shari J.	Reg. No. 46,243
David G. Perryman	Reg. No. 33,438	Mitchell A. Katz	Reg. No. 33,919	Gregory J. Kirsch	Reg. No. 35,572
Gwendolyn D. Spratt	Reg. No. 36,016	Nagendra Setty	Reg. No. 38,300	D. Andrew Floam	Reg. No. 34,597
William R. Johnson	Reg. No. 32,875	Allan G. Altera	Reg. No. 40,274	Mary L. Miller	Reg. No. 39,303
Charles H. Fails	Reg. No. 37,616	Lawrence D. Maxwell	Reg. No. 35,276	Kean DeCarlo	Reg No.39,956
La Vonda R. DeWitt	Reg. No. 40,396	Wesley B. Derrick	Reg. No. 46,659	Jacqueline M. Hutte	er Reg. No. 44,792
Lori L. Kerber	Reg. No. 41,113	Tina McKeon	Reg. No. 43,791	Mark A. Murphy	Reg. No.42,915
Lizette M. Fernandez	Reg. No. 46,694	Lawrence A. Villanue	va Reg. No. 43,968	Patricial L. Ades	Reg. No. 44,496
Tingkang Xia	Reg. No. 45,242	Jennifer P. Wright	Reg. No. 45,242		

Each of Needle & Rosenberg, P.C., 127 Peachtree Street, N.E., Atlanta, GA 30303

Send Correspondence to:

23859

AJOJA

PATENT TRADEMARK OFFICE

Direct Telephone Calls to:

Tina McKeon

PHONE NO.: 404-688-0770

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	HUTCHINS	Jeff	T.
- 4	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
0	CITIZENSHIP	Chapel Hill	NC	US
U	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
	ADDRESS	3709 Colony Wood Drive	Chapel Hill	NC 27514 US
1			Chaperin	
201	SIGNATURE			DATE:
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	KUETTNER	Klaus	E.
-	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
0	CITIZENSHIP	Chicago	l IL	US
"	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
2	ADDRESS	c/o Rush Presbyterian St. Luke's	Chicago	IL 60612 US
-	ADDIGAS	Medical Center, 1753 West Congress	J Smith g	-
		Parkway		
202	SIGNATURE	CM CAS U		DATE: 5 19-206
202	SIGNATURE	Hay Fred In		DATE: 2- 19-201
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	LINDLEY	Kathryn	Mason
*	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
ا ه	CITIZENSHIP	Chapel Hill	NC	US
"	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
3	ADDRESS	c/o Glaxo Wellcome Inc., Five Moore	Research Triangle Park	NC 27709 US
,	ADDRESS	Drive, PO Box 13398	Research Triangle Lan.	
203	SIGNATURE			DATE:
203	SIGNATURE			DATE.
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	SCHMID	Thomas	M.
١ ,		CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
0	RESIDENCE &	Downers Grove	IL	US
١.	CITIZENSHIP		CITY	STATE & ZIP CODE/COUNTRY
4	POST OFFICE	POST OFFICE ADDRESSC/o Rush		IL 60612 US
	ADDRESS	Presbyterian St. Lukes Medical	Chicago	11,00012,03
	L	Center, 1753 West Congress Parkway		
204	SIGNATURE			DATE:
				

COMB	INED DECLAR	ATION FOR PATENT APPLICA	ATION AND POWER OF ATTO	DRNEY	ATTORNEY'S DOCKET No.
(Include	s Reference to PCT I	nternational Applications)			PU3851US2
		as a named inventor, I hereby appoint the force connected therewith. (List name and region		secute this application a	and transact all business in
	vid J. Levy	` `	es P. Riek Reg. No. 39,009	John L. Lemanowicz	
	arles E. Dadswell		inia C. Bennett Reg. No. 37,092	Bonnie Deppenbrock	
Kaı	ren L. Prus		k P.Grassler Reg. No. 31,164	Elizabeth Selby	Reg. No. 38,298
Rol	bert H. Brink	Reg. No. 36,094 Chri Five Moore Drive, PO Box 13398, Research	stopher P. Rogers Reg. No. 36,344 b Triangle Park NC 27709	Lorie Ann Morgan	Reg. No. 38,181
	lliam H. Needle		nner C. Rosenberg Reg. No. 28,753	Corin, Shari J.	Reg. No. 46,243
	vid G. Perryman		chell A. Katz Reg. No. 33,919	Gregory J. Kirsch	Reg. No. 35,572
	endolyn D. Spratt		gendra Setty Reg. No. 38,300	D. Andrew Floam	Reg. No. 34,597
Wil	lliam R. Johnson	,	an G. Altera Reg. No. 40,274	Mary L. Miller	Reg. No. 39,303
	arles H. Fails	,	vrence D. Maxwell Reg. No. 35,276	Kean DeCarlo	Reg No.39,956
	Vonda R. DeWitt	ŷ ,	sley B. Derrick Reg. No. 46,659	Jacqueline M. Hutte	
	ri L. Kerber		a McKeon Reg. No. 43,791	Mark A. Murphy Patricial L. Ades	Reg. No.42,915 Reg. No. 44,496
	ette M. Fernandez		wrence A. Villanueva Reg. No. 43,968 nnifer P. Wright Reg. No. 45,242	rautciai L. Aues	Reg. No. 44,490
	igkang Xia Needle & Rosenberg, I	P.C., 127 Peachtree Street, N.E., Atlanta, G			
Each of	veedie & Roselloeig, i	.c., 127 Teachine Sheet, N.D., Atlanta, Oz	A 30303		
Send C	orrespondence to:		14114	Direct Telephone Ca	
				Tina	a McKeon
			****	рил	ONE NO.:
		23859		404	-688-0770
	I hereby declare	that all statements made herein of	my own knowledge are true and the	nat all statements m	ade on information
		elieved to be true; and further that the			
		he like so made are punishable by f			
	United States Co	ode, and that such willful false state	ements may jeopardize the validity	of the application	or any patent issuing
	thereon.				
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME	ZINITIAL
2	OF INVENTOR	HUTCHINS	Jeff	T.	
	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZEN	SHIP
0	CITIZENSHIP	Chapel Hill	NC	US	
1	POST OFFICE ADDRESS	POST OFFICE ADDRESS 3709 Colony Wood Drive	CITY Chapel Hill	NC 27514 US	DUNTRY
201	SIGNATURE			DATE:	
201	Significial			DATE.	
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME	ZINITIAL
2	OF INVENTOR	KUETTNER	Klaus	E.	
	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZEN	NSHIP
0	CITIZENSHIP	Chicago	IL	US	
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/CO	DUNTRY
2	ADDRESS	c/o Rush Presbyterian St. Luke's	Chicago	IL 60612 US	
l		Medical Center, 1753 West Congress Parkway		-	
202	SIGNATURE	a mentra j		DATE:	
202	SIGNATURE			DAIL:	
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME	ZINITIAL
2	OF INVENTOR	LINDLEY	Kathryn	Mason	
1	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZES	NSHIP
0	CITIZENSHIP	Chapel Hill	KNC	US	
l	POST OFFICE	POST OFFICE ADDRESS GlasofacilkKling		STATE & ZIP CODE/CO	DUNTRY
3	ADDRESS	Drive, PO Box 13398	Research Triangle Park	NC 27709 US	
203	SIGNATURE	1/	'	DATE:	
-		Laxion S		DAIE.	
2	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME	ZINITIAL
	OF INVENTOR	SCHMID	Thomas	M.	
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZES	NSHIP
]	CITIZENSHIP	Downers Grove	IL	US	
4	POST OFFICE	POST OFFICE ADDRESSC/o Rush	CITY	STATE & ZIP CODE/CO	DUNTRY
1	ADDRESS	Presbyterian St. Lukes Medical	Chicago	IL 60612 US	
	GY GRY L TOTAL	Center, 1753 West Congress Parkway	.1		
204	SIGNATURE			DATE:	

COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY ATTORNEY'S DOCKET No. PU3851US2 (Includes Reference to PCT International Applications) POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. (List name and registration number) Reg. No. 39,009 John L. Lemanowicz Reg. No. 37,380 Reg. No. 27,655 James P. Riek David J. Levy Reg. No. 35,851 Reg. No. 37,092 Bonnie Deppenbrock Reg. No. 28,209 Virginia C. Bennett Charles E. Dadswell Reg. No. 31,164 Reg. No. 38,298 Frank P.Grassler Elizabeth Selby Karen L. Prus Reg. No. 39,337 Reg. No. 36,094 Christopher P. Rogers Reg. No. 36,344 Lorie Ann Morgan Reg. No. 38,181 Robert H. Brink Each of Glaxo Wellcome Inc., Five Moore Drive, PO Box 13398, Research Triangle Park, NC 27709 Reg. No. 46,243 Corin, Shari J. Sumner C. Rosenberg Reg. No. 28,753 William H. Needle Reg. No. 26,209 Mitchell A. Katz Reg. No. 33,919 Gregory J. Kirsch Reg. No. 35,572 Reg. No. 33,438 David G. Perryman Reg. No. 38,300 D. Andrew Floam Reg. No. 34,597 Gwendolyn D. Spratt Reg. No. 36,016 Nagendra Setty Reg. No. 32,875 Reg. No. 40,274 Mary L. Miller Reg. No. 39,303 Allan G. Altera William R. Johnson Reg. No. 35,276 Reg No.39,956 Lawrence D. Maxwell Kean DeCarlo Charles H. Fails Reg. No. 37,616 Ła Vonda R. DeWitt Reg. No. 40,396 Wesley B. Derrick Reg. No. 46,659 Jacqueline M. Hutter Reg. No. 44,792 Mark A. Murphy Reg. No.42,915 Reg. No. 43,791 Tina McKeon Reg. No. 41,113 Lori L. Kerber Reg. No. 44,496 Reg. No. 46,694 Patricial L. Ades Lizette M. Fernandez Lawrence A. Villanueva Reg. No. 43,968 Jennifer P. Wright Reg. No. 45,242 Reg. No. 45,242 Tingkang Xia Each of Needle & Rosenberg, P.C., 127 Peachtree Street, N.E., Atlanta, GA 30303 Direct Telephone Calls to: Send Correspondence to: Tina McKeon PHONE NO .: PATENT TRADEMARK OFFICE 404-688-0770 I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon. SECOND GIVEN NAME/INITIAL FIRST GIVEN NAME FAMILY NAME **FULL NAME HUTCHINS** Jeff OF INVENTOR 2 STATE OR FOREIGN COUNTRY COUNTRY OF CITIZENSHIP RESIDENCE & CITY US **Chapel Hill** NC O CITIZENSHIP STATE & ZIP CODE/COUNTRY CITY POST OFFICE POST OFFICE ADDRESS 3709 Colony Wood Drive Chapel Hill NC 27514 US **ADDRESS** DATE: 201 **SIGNATURE** SECOND GIVEN NAME/INITIAL FIRST GIVEN NAME **FULL NAME** FAMILY NAME E. KUETTNER **Klaus** 2 OF INVENTOR COUNTRY OF CITIZENSHIP STATE OR FOREIGN COUNTRY CTTY RESIDENCE & Chicago IL US 0 CITIZENSHIP STATE & ZIP CODE/COUNTRY POST OFFICE POST OFFICE ADDRESS cm c/o Rush Presbyterian St. Luke's **IL 60612 US** Chicago 2 **ADDRESS** Medical Center, 1753 West Congress DATE: **SIGNATURE** 202 SECOND GIVEN NAME/INITIAL FIRST GIVEN NAME **FULL NAME** FAMILY NAME Mason LINDLEY Kathryn OF INVENTOR 2 COUNTRY OF CITIZENSHIP STATE OR FOREIGN COUNTRY RESIDENCE & Chapel Hill NC **CITIZENSHIP** 0 STATE & ZIP CODE/COUNTRY POST OFFICE ADDRESS POST OFFICE c/o Glaxo Wellcome Inc., Five Moore Research Triangle Park NC 27709 US 3 ADDRESS Drive, PO Box 13398 DATE: 203 **SIGNATURE** SECOND GIVEN NAME/INITIAL FAMILY NAME FIRST GIVEN NAME FULL NAME 2 Thomas M. **SCHMID** OF INVENTOR COUNTRY OF CITIZENSHIP STATE OR FOREIGN COUNTRY 0 RESIDENCE & US IL **Downers Grove CITIZENSHIP** STATE & ZIP CODE/COUNTRY POST OFFICE POST OFFICE ADDRESSC/o Rush 4 **IL 60612 US** Chicago **ADDRESS** Presbyterian St. Lukes Medical Center, 1753 West Congress Parkway

204

SIGNATURE

DATE: 2-20-01

0 5 205	FULL NAME OF INVENTOR RESIDENCE & CITIZENSHIP POST OFFICE ADDRESS SIGNATURE	FAMILY NAME SCHUMACHER CITY Cardiff by the Sea POST OFFICE ADDRESS 2418 Caminito Ocean Cove Barbara J. Achin		SECOND GIVEN NAMEZINITIAL L. COUNTRY OF CITIZENSHIP US STATE & ZIP CODE/COUNTRY CA 92007 US DATE: 3/27/200/ SECOND GIVEN NAMEZINITIAL
	FULL NAME OF INVENTOR	FAMILY NAME STIMPSON	Stephen	Anthony COUNTRY OF CITIZENSHIP
0	RESIDENCE & CITIZENSHIP	Chapel Hill	STATE OR FOREIGN COUNTRY NC	US STATE & ZIP CODE/COUNTRY
6	POST OFFICE ADURESS	POST OFFICE ADDRESS c/o Glaxo Wellcome Inc. Five Moore Drive, PO Box 13398	Research Triangle Park	NC 27709 US
206	SIGNATURE	DINC, I O DOX 10050		DATE:
2	FULL NAME	FAMILY NAME SU	FIRST GIVEN NAME Jui-Lan	SECOND GIVEN NAME/INITIAL
0	OF INVENTOR RESIDENCE & CITIZENSHIP	City Chapel Hill	STATE OR FOREIGN COUNTRY NC	US
7	POST OFFICE ADDRESS	POST OFFICE ADDRESS t/o Glaxo Wellcome Inc., Five Moore Drive, PO Box 13398	Research Triangle Park	NC 27709 US
207	SIGNATURE			DATE:

Page 3 of 3

2	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
_	OF INVENTOR	SCHUMACHER	Barbara	L.
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Cardiff by the Sea	CA	US
5	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
	ADDRESS	2418 Caminito Ocean Cove	Cardiff by the Sea	CA 92007 US
205	SIGNATURE			DATE:
			•	
2	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	OF INVENTOR	STIMPSON	Stephen	Anthony
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
ì	CITIZENSHIP	Chapel Hill Glasolwith	NC NC	US
6	POST OFFICE	POST OFFICE ADDRESS KING TAS eto Glazo Wellcome Inc. Five Moore	CITY	STATE & ZIP CODE/COUNTRY
	ADDRESS	Drive, PO Box 13398	Research Triangle Park	NC 27709 US
206	SIGNATURE	Stylen John	Dink	DATE:
2	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	OF INVENTOR	SU	Jui-Lan	
0	RESIDENCE &	CITY 4 ()	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Chapel Hill	NC	US
7	POST OFFICE	POST OFFICE ADDRESS Claro Fruit A Klin		STATE & ZIP CODE/COUNTRY
1	ADDRESS	Drive, PO Box 13398	Research Triangle Park	NC 27709 US
207	SIGNATURE	St Grat	Se	DATE: 6/6/01

<u> </u>		<u> </u>				
SUPPLEMENTAL DE	CLARATIO	ON FOR UTILIT	TY OR DESIGN	ATTORNEY'S DOCKET		
PATENT APPLICATION	ON WITH	POWER OF AT	TORNEY	PU3851US2 First Names Inventor:		
		I O WER OF THE	2014 (21	Jeff T. Hutchins		
				Complete if known:		
() Declaration submitted with initial	filing or			App No.:		
				09/780,718		
() Declaration submitted after initial	filing (surcharge re	equired 37CFR1.16(e))		Filing Date		
				February 9, 2001		
				Group Art Unit:		
				l i		
				1641		
As below named	inventor. I here	by declare that:				
My residence, post office	address and sitia	enchin are as stated helo	w next to my name			
wry residence, post office	address and chiz	enship are as stated beto	w next to my name.			
	I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:					
SUPERF	ICIAL ZONE I	PROTEIN-BINDING M	OLECULES AND USES THE	CREOF		
the specification of which	(check only one	item below):				
Application Number I hereby state that I have r						
as amended by any amend	lment specifically	y referred to above.				
Lacknowledge the duty to	disclose informa	ation which is material to	patentability as defined in 37 Cl	FR 81 56		
i acknowledge the duty to	disclose informa	ation which is material to	patentability as defined in 57 Ci	K §1.50.		
I hereby claim foreign priority benefits under 35 U.S.C. §119 (a)-(d) or §365(b) of any foreign applications(s) for patent or inventor's certificate or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate or of any PCT international application having a filing date before that of the application on which priority is claimed:						
F Prior Foreign Application		Country	Foreign Filing Date	PRIORITY		
Number (s)	•	Louint y	(MM/DD/YYYY))	CLAIMED		
1. 0003092.4		GB	02/10/2000	X		
2.		0.0	02/10/2000			
3.						
4.						
5.		-				
I hereby claim the benefit under Ti	tle 35, United St	ates Code §119(e) of any	United States provisional applic	cation(s) listed below:		
Application No.	·		(MM/DD/YYYY)			
1. 60/181,377		02	2/09/2000			
2. 60/201,989		05	5/03/2000			

SUPPLEMENTAL DECLARATION FOR UTILITY or DESIGN PATENT APPLICATION WITH POWER OF ATTORNEY Continued

c/o GlaxoSmithKline, Five

FAMILY NAME

Downers Grove

POST OFFICE ADDRESS

SCHMID

Signature

CITY

Moore Drive, P.O. Box 13398

c/o Rush Presbyterian St. Luke's Medical

Center, 1753 West Congress Parkway

3

2

0

ADDRESS

FULL NAME

OF INVENTOR'S

SIGNATURE

RESIDENCE &

CITIZENSHIP

POST OFFICE

ADDRESS

ATTORNEY'S DOCKET NUMBER
PU3851US2

I hereby claim the benefit under 35, U.S.C. §120 of any United States application or §365(c) of any PCT international application designating the United States of America that is listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. §1.56 which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application:

-	is material to patent	application in the manner provided by the first tability as defined in 37 C.F.R. §1.56 which becaling date of this application:				
PRIOR	U.S. PARENT	APPLICATION or PCT PARENT A	PPLICATION			
				,	STATUS (Check	one)
U.S.	Parent Application or Number	PCT Parent Parent Filing D (MM/DD/YY)		PATENTED	PENDING	ABANDONED
DOWEI	OF ATTORNEY	: As a named inventor, I hereby appoint the	ho prostitioners occo	giotad with the	Customer Numbers	provided below to
		1d to transact all business in the Patent and				provided below to
		nd Customer Number 20462	Trademark Office (connected there	*****	
Address	s all corresponden	ce and telephone calls to Customer N	umber 23347		Direct Telephone Ca	alls to:
7100105.	David J. Levy	to and to opinone dans to customer in	umber <u>2001.</u>			
	Corporate Intellect	tual Property				l M. Conger 483-2474
	GlaxoSmithKline				717-	403-2474
	Five Moore Drive,	PO Box 13398 Park, NC 27709-3398				
Lhereby		tatements made herein of my own know	wledge are true an	d that all state	ments made on inf	formation and belief
		nd further that these statements were m				
		ine or imprisonment, or both, under 18				
		ation or any patent issuing thereon.	0.5.0. 1001, 4110	That Baon Will		is may jeopul alle
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME		SECOND GIVEN NAME	ZINITIAL
2	OF INVENTOR	HUTCHINS	Jeff		T.	
	INVENTOR'S	Signature			Date:	
10	SIGNATURE					
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY		COUNTRY OF CITIZENSHIP US	
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_	INVENTOR'S	Signature			Date:	
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	INVENTOR'S	Signarure	al 1)		Date CIOC	12
	SIGNATURE	Fathery Kin	rally		8/12/0	<u>~</u>
0	RESIDENCE &	Chapel Hill	STATE OR FOREIGN O	JUNIKY	COUNTRY OF CITIZEN	าวกเร
	CITIZENSHIP POST OFFICE	POST OFFICE ADDRESS	CITY	···	STATE & ZIP CODE/CO	DUNTRY

Research Triangle Park

STATE OR FOREIGN COUNTRY

FIRST GIVEN NAME

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M.

Date:

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STATE & ZIP CODE/COUNTRY

SUPI	PLEMENTA	AL DECLARATION FO	R UTILITY or DESIG	GN ATTORNEY'S DOCKET NUMBER PU3851US2
PAT:	ENT APPLI	ICATION WITH POWE	R OF ATTORNEY C	1
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	SCHUMACHER	Barbara	L.
	INVENTOR'S	Signature		Date:
	SIGNATURE			
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	INVENTOR'S	Signature		Date:
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	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
6	ADDRESS	c/o GlaxoSmithKline, Five	Research Triangle Park	NC 27709 US
		Moore Drive, P.O. Box 13398	_	
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2	OF INVENTOR	SU	Jui-Lan	
	INVENTOR'S	Signature		Date:
	SIGNATURE			
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Chapel Hill	NC	US
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	1	Moore Drive PO Roy 13398	1	